



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing
Administration
Region IX

Refer to: MCD-RHR

RECEIVED
DIRECTOR'S OFFICE
01 SEP 17 PM 1:34

75 Hawthorne St.
Suite 401
San Francisco, CA 94105

SEP 7 2001

Phyllis Biedess, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 01-006, regarding services in institutions for mental diseases (IMDs). I am approving this SPA with the requested effective date of April 1, 2001.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

Enclosures

cc:

Joan Peterson, HCFA, CMSO, FCHPG
Elliot Weisman, HCFA, CMSO, PCPG

Orig: Lynn
cc: Phyllis
Branch

Revision: HCFA-AT-80-38
May 22, 1980

(BPP)

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONACitation

42 CFR 441.101,
42 CFR 431.620(c)
and (d)
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years of age or older
who are patients in institutions for mental diseases.

X Yes. The requirements of 42 CFR Part 441, Subpart C,
and 42 CFR 431.620(c) and (d) are met. *

— Not applicable. Medicaid is not provided to aged
individuals in such institutions under this plan.

*Pursuant to the 1115 Waiver, Medicaid reimbursement is available for Medicaid-eligible persons
ages 21 through 64.

TN No. 01-006
Supersedes
TN No. 94-19

Approval Date SEP 7 2001 Effective Date April 1, 2001

State/Territory: ARIZONA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

X Provided: No limitations X With limitations*
 Not provided.

c. Preventive services.

X Provided: No limitations X With limitations*
 Not provided

d. Rehabilitative services.

X Provided: No limitations X With limitations*
 Not provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

X Provided: No limitations X With limitations**, ***
 Not provided

b. Nursing facility services.

X Provided: No limitations X With limitations**
 Not provided

* Description provided in Limitations section of this Attachment.

** Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

***Pursuant to the 1115 Waiver, Medicaid reimbursement is available for Medicaid-eligible persons ages 21 through 64.

All covered services shall be authorized by an appropriate entity or entities except in the case of emergency hospital services and emergency transportation. As provided in AHCCCS' policies and procedures, authorization for medical services shall be obtained from at least one of the following entities: a primary care provider (a licensed physician, physician assistant or certified nurse practitioner) or a physician specialist or dentist, a health plan, a program contractor, a Regional Behavioral Health Authority, an ALTCS case manager affiliated with a program contractor, or the AHCCCS Administration. The appropriate entity shall only authorize medically necessary services subject to the limitations specified below and in compliance with applicable federal and state law and regulations and AHCCCS policies and procedures or other applicable guidelines.

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Inpatient hospital services furnished by a licensed and certified hospital.

Inpatient hospital services include services in inpatient psychiatric facilities, when provided to EPSDT eligible persons under the age of 21 years and, pursuant to the 1115 Waiver, to eligible persons ages 21 through 64.

Inpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Medically necessary transplant services, as specified in AHCCCS rule and policy and Attachment 3.1-E of the State Plan.

2a. Outpatient hospital services.

Outpatient hospital services are services ordinarily provided in hospitals, clinics, offices and other health care facilities by licensed health care providers.

Outpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.